

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/23/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAYETTE REGIONAL HEALTH SYSTEM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1941 VIRGINIA AVE CONNERSVILLE, IN 47331</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State hospital complaint survey.</p> <p>Complaint Number: IN00158242 Unsubstantiated; lack of sufficient evidence. Unrelated deficiency cited</p> <p>Survey Date: 10-23-14</p> <p>Facility Number: 005059</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: cloughlin 01/06/15</p>	S 000		
S 322	<p>410 IAC 15-1.4-1 GOVERNING BOARD</p> <p>410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>This RULE is not met as evidenced by: Based on document review, medical record review and interview, the facility failed to follow its policy/procedure for processing grievances in 1</p>	S 322		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 322	<p>Continued From page 1</p> <p>instance (Patient#1).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of ADMINISTRATION POLICY AD 0035A, entitled Patient Complaint and Grievance Process, last revised 11/2013, indicated all verbal or written concerns regarding abuse, neglect, patient harm, or hospital compliance with CMS (Centers for Medicare &amp; Medicaid Services) requirements are considered grievances for the purposes of these requirements. Further review of hospital policy AD 0035 A, section entitled PROCEDURE-GRIEVANCE, indicated return all investigative information and email a final findings letter for approval to the Patient Care Services Coordinator within 2 weeks documenting the following: <ul style="list-style-type: none"> <li>a) The nature of the person investigating the grievance and how to contact</li> <li>b) The nature of the grievance</li> <li>c) The hospital decision</li> <li>d) The steps taken on behalf of the patient to investigate and resolve</li> <li>e) The date of completion</li> </ul> </li> <li>2. Review of MR#1, the medical record of Patient#1, indicated MD#1, Primary Care Center (PCC) physician, had seen Patient #1 as an outpatient on 8-8-14.</li> <li>3. Review of a hospital document entitled COMPLIMENT/COMPLAINT/GRIEVANCE FORM, indicated employee #A1, House Charge Nurse, received a telephone call on 10-2-14 at 10:20 am from Patient #1. The document indicated Patient #1's primary issue was inability to get script filled.</li> </ol>	S 322		

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S 322	Continued From page 2  4. In interview, on 10-22-14 at 1:30 pm, employee #A2 confirmed the information in the above-stated COMPLIMENT/COMPLAINT/GRIEVANCE FORM.  5. In interview, on 10-23-14 at 3:00 pm, employee #A3, VP Patient Care Services, was requested to provide a final findings letter for approval to employee #A4, Patient Care Services Coordinator, signed by employee #A5, Team Leader/Team Advisor's Coach and sent to Patient #1. Employee #A3 indicated the hospital had considered the action taken by Patient #1 to be a complaint and not a grievance, therefore there was no final findings letter. No further documentation was provided prior to exit.	S 322		